



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Bacillus anthracis**

<b>Provider Requirements</b>	<ul style="list-style-type: none"><li>• <b>Isolate Submission REQUIRED.</b></li><li>• <b><u>Contact Bioterrorism laboratory before submission.</u></b></li></ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"><li>• Culture isolate</li><li>• Lesion</li><li>• Sputum</li><li>• Tissue aspirate fluid</li><li>• Blood culture</li></ul>
<b>TDH Requisition Form Number</b>	<b>PH-4263</b> - <i>Contact Bioterrorism laboratory before submission</i>
<b>Media Requirements</b>	Contact Bioterrorism laboratory before submission.
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	Contact Bioterrorism laboratory prior to shipment
<b>Laboratory Section Performing Testing</b>	Bioterrorism
<b>Lab Location(s) Performing Test</b>	Nashville; Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).